

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name							Telephone Number	Telephone Number Date of Inspection (mm/dd/yr)		PERMIT #
The Salvation Army Establishment Address (number and street, city, state, zip code)							4	1/23	120	19-322
								1 7-5	/ =0	
2300 Com Vally Rd. New Albay, IN 4715 Owner						טכון ז	Purpose:	Follow-u	n Releas	se Date
							. Routine	<b>N</b> 0		days
Owner's A	ddress						2. Follow-up	Summary of Violations:		
							3. Complaint	Journary	OI VIOIGO	ins: \
Person in Charge							4. Pre-Operational	$1 \wedge 1$	NOX	$\binom{1}{R}$
Bruda Ooley										
Responsible Person's E-mail							5. Temporary	Menu Ty	oe (See back	of page)
							6. HACCP			
Certified Food Manager							7. Other (list)	1	3	_45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"										
• VIOLATIO	ON(S) REPE	ATED	FROM PRE	VIOUS INSPECTIO	ONS ARE DENG	OTED IN THE "SU	UMMARY OF VIOLATIONS" A	AND IN THE N	ARRATIVE	BELOW AS "R"
Section#	C/NC R Narra					Narrative			To Be Co	orrected By
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